

(Rev. 5/05)

**FORM TO BE USED BY A PRISONER IN FILING A COMPLAINT
UNDER THE CIVIL RIGHTS ACT, 42 U.S.C. §1983**

**IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF DELAWARE**

(1) ALFONSO SANTIAGO SBI 141726 :
(Name of Plaintiff) (Inmate Number) :

PO Box 9561 Wilm De 19809 :
(Complete Address with zip code) :

(2) _____ :
(Name of Plaintiff) (Inmate Number) :

(Complete Address with zip code)

(Each named party must be listed, and all names
must be printed or typed. Use additional sheets if needed)

vs.

(1) Medical Department
(2) Stan Taylor (Commissioner)
(3) Raphael Williams (Warden)
(Names of Defendants)

(Each named party must be listed, and all names
must be printed or typed. Use additional sheets if needed)

I. PREVIOUS LAWSUITS

A. If you have filed any other lawsuits in federal court while a prisoner, please list the caption and case number including year, as well as the name of the judicial officer to whom it was assigned:

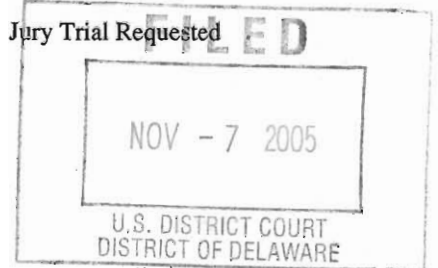
NO

05 - 766

(Case Number)
(to be assigned by U.S. District Court)

CIVIL COMPLAINT

• • Jury Trial Requested



II. EXHAUSTION OF ADMINISTRATIVE REMEDIES

In order to proceed in federal court, you must fully exhaust any available administrative remedies as to each ground on which you request action.

- A. Is there a prisoner grievance procedure available at your present institution? ••Yes••No
- B. Have you fully exhausted your available administrative remedies regarding each of your present claims? ••Yes••No
- C. If your answer to "B" is Yes:
1. What steps did you take? Filed Grievance procedure, who intern told me, nothing could be done.
 2. What was the result? nothing at this time
- D. If your answer to "B" is No, explain why not: _____

III. DEFENDANTS (in order listed on the caption)

- (1) Name of first defendant: Stan Taylor (Commissioner)
 Employed as Commissioner at Gander Hill Dept of Correction
 Mailing address with zip code: 245 McKee Drive, Dover DE
19801
- (2) Name of second defendant: Corrections medical Service
 Employed as medical Division at Gander Hill
 Mailing address with zip code: 12647 Olive Boulevard
PO Box 419052, Saint Louis Missouri 63149052
- (3) Name of third defendant: Warden (Rapher Williams)
 Employed as warden at Gander Hill
 Mailing address with zip code: 1301 East 12th Street Wilms DE
19809
- (List any additional defendants, their employment, and addresses with zip codes, on extra sheets if necessary)

IV. STATEMENT OF CLAIM

(State as briefly as possible the facts of your case. Describe how each defendant is involved, including dates and places. Do not give any legal arguments or cite any cases or statutes. Attach no more than three extra sheets of paper if necessary.)

1. Defendant is 54 years, diagnosed with a chronic illness of Hepatitis B + C type one
2. The department of correction refuses to give care + treatment, because of high cost to serve his medical needs
3. Defendants illness has caused him symptoms tiredness, stomach pains, nausea and difficult urinating.
- 4 Defendant has not been service any medication or seen by a doctor

V. RELIEF

(State briefly exactly what you want the Court to do for you. Make no legal arguments. Cite no cases or statutes.)

1. ~~monetary~~ damages, within the Courts discretion ~~fixation of the cost~~ AND ~~cost~~ of cost to relief

2.

3.

I declare under penalty of perjury that the foregoing is true and correct.

Signed this 31 day of Oct, 2005.

Alfredo Santiago
(Signature of Plaintiff 1)

(Signature of Plaintiff 2)

(Signature of Plaintiff 3)

From Alfonso Santiago
SEP 14 1986

05 WILMINGTON DE 19850 NOV 2005

EX-111 DE 19809

U.S.M.S.
X-RAY

Clerk of U.S. District Court
Lockbox 18
Boggs Federal Building
844 King STREET
Wilmington, De. 19801

